

CHILD CARE ECC VENDOR ATTENDANCE SHEET
ATTACHING A COPY OF THE PURCHASE OF SERVICE ORDER (POSO) FOR EACH CHILD
WILL HELP DETERMINE THE ACCURACY OF DATA ON THIS ATTENDANCE SHEET

Vendor Number	Correspondence ID	Case Number	Case Name																												
Vendor Name & Address		Mail To: Virginia Department of Social Services P. O. Box 1997 Richmond, VA 23218-1997	Service Delivery Period Month/Year: _____																												
SERVICE DELIVERY SCHEDULE – Indicate number of hours attended for each child per day																															
Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Child's Authorization ID																															
1.																															
2.																															
3.																															
4.																															
5.																															

The services specified on this vendor invoice have been delivered and are authorized charges for authorized services. In addition, signature below shall constitute acceptance of the Purchase of Services Order referenced above, if such acceptance has not been previously conveyed.

Signature of Authorized Representative of Vendor: _____ Date: _____

CHILD CARE ECC VENDOR ATTENDANCE SHEET

FORM NUMBER: 032-05-0546-01-eng (11/11)

PURPOSE OF FORM: To record a child's attendance at a child care vendor.

USE OF FORM: To provide the Electronic Child Care (ECC) system with attendance information for a specific child so that authorized payments can be processed and paid to the vendor

COPIES: Two copies. The original must be sent to the Virginia Department of Social Services. A copy must be kept in the vendor's files.

INSTRUCTIONS FOR PREPARATION OF FORM

All items on this form are mandatory. Vendor payments will be delayed if this form is not completed entirely by the vendor.

Vendor Number This number is found on the Purchase of Service Order.

POSO Number A completed Purchase of Service Order (POSO) must be in place before a payment can be made to a vendor. Attaching a copy of the Purchase of Service Order (POSO) for each child will help determine the accuracy of data on this attendance sheet.

Case Number The case number is found on the POSO.

Case Name The case name is found on the POSO

Vendor Name and Address Enter the vendor name and mailing address as it appears on the POSO

Mail Invoice To This item will be pre-filled with the mailing address of the Virginia Department of Social Services

Service Delivery Period Enter the month and year for which the attendance is being reported

Service Delivery Schedule Indicate the number of hours attended for each child per day.

Child's Name Record the child's name as it appears on the POSO. Any children associated with this case may be listed on this sheet. If there are more than five children on the case, more than one attendance sheet is required

**Child’s
Authorization ID** The Child’s Authorization ID is found on the POSO

**Days of the
Month** Record the number of hours the child attended for each day of
the month.

 If the child is absent, enter an "A" and the number of hours they would have attended for the day.

 If the day is a holiday, enter an "H" for the day and the number of hours they would have attended for the day.

 Leave the box blank for days for which there is no attendance.

**Signature of
Authorized
Representative
Of Vendor** This attendance sheet cannot be processed without this
signature and date